



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8256

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/687,133	10/15/2003	607	3762	011738.00140
<b>APPLICANTS</b> Mark G. Frei, Lawrence, KS; Ivan Osorio, Leawood, KS; Mark T. Rise, Monticello, MN; Jonathon E. Giftakis, Brooklyn Park, MN; Nina M. Graves, Minnetonka, MN; David L. Carlson, Fridley, MN; Randy M. Jensen, Hampton, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/504,141 09/19/2003 and claims benefit of 60/418,383 10/15/2002				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US03/32908 10/15/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/17/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials <u>CF</u>		STATE OR COUNTRY KS	SHEETS DRAWING 33	TOTAL CLAIMS 44
		INDEPENDENT CLAIMS 3		
<b>ADDRESS</b> 22908				
<b>TITLE</b> CHANNEL-SELECTIVE BLANKING FOR A MEDICAL DEVICE SYSTEM				
<b>FILING FEE RECEIVED</b> 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	